### FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



### FORM D

OMB Number: Expires:

3235-0076 May 31, 2005 Estimated average burden hours per response.....16.00

OCT 162008

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR**

SEC USE ONLY								
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Weshington, DC UNIFORM LIMITED OFFERING EXEMPTION check if this is an amendment and name has changed, and indicate change.) Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: ✓ New Filing Amendment A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer ( check if this is an amendment and name has changed, and indicate change.) Go Baby Foods, LLC Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 506 S.E. Fullerton, Bentonville, Arkansas 72712 (479) 586-3850 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) **Brief Description of Business** OCT 2 4 2008 Marketing and sales of organic, portable baby foods

GENERAL INSTRUCTIONS

Type of Business Organization corporation

business trust

Actual or Estimated Date of Incorporation or Organization: 015

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

Year

0 8

CN for Canada; FN for other foreign jurisdiction)

Actual Estimated

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

limited partnership, already formed

limited partnership, to be formed Month

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

		A. BASIC ID	ENTIFICATION DATA		
2. Enter the information re	equested for the fo	llowing:			
<ul> <li>Each promoter of t</li> </ul>	the issuer, if the is	suer has been organized w	vithin the past five years;		
<ul> <li>Each beneficial ow</li> </ul>	ner having the pow	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more o	f a class of equity securities of the issuer.
<ul> <li>Each executive off</li> </ul>	icer and director o	f corporate issuers and of	corporate general and mar	naging partners of	partnership issuers; and
<ul> <li>Each general and r</li> </ul>	nanaging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				<u> </u>
Amy Gramling	,				
Business or Residence Addre 506 S.E. Fullerton Road,		Street, City, State, Zip Co kansas 72712	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Fuli Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)	······································	· · · · · · · · · · · · · · · · · · ·		
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				<u> </u>
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)		
	(Use bla	ink sheet, or copy and use	additional copies of this s	heet, as necessary	·)

					В. П	VFORMATI	ON ABOU	T OFFERI	NG				
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Yes	No <u>x</u>		
•	Answer also in Appendix, Column 2, if filing under ULOE.									<u> </u>			
2.											s 80,	250.00	
											Yes	No	
3.		-			-	le unit?						K	
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Ful N/		Last name	first, if indi	ividual)									
Bu	siness or	Residence	Address (N	umber and	Street, Ci	ty, State, Z	ip Code)			<del> · ·</del>	<del></del>		
<del></del>	6.4			·		<u> </u>				·			
Na	me of Ass	ociated Br	oker or De	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit l	Purchasers		<del></del>		,.,		
	(Check	"All States	" or check	individual	States)	••••		*****	••••••	•••••			States
	AL	AK	ΑŽ	AR	CA	[CO]	CT	DE	DC	FL	[GA]	HI	[ID]
	IL	ĪŇ	ĪĀ	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	ΝV	NH	NJ	NM	NY	NC	ND	OH	OK)	OR	PA
	RI	SC	SD	TN	TX	[UT]	VT	VA	WA	WV	WI	WY	PR
Ful	l Name (	Last name	first, if ind	ividual)	<del></del> -					<del></del>			
Rus	cinece or	Decidence	Address ()	Jumber on	d Strant C	ity, State, 2	7in Code)		<del></del>				
Du	3111C33 Q1	Acsidence	Address (1	vumber an	u Sircei, C	aty, Blatt, 2	sip code)						
Na	me of Ass	ociated Br	oker or De	aler									
Sta	tes in Wh	ich Person	Listed Has	s Solicited	or Intends	to Solicit 1	Purchasers		<del></del>	·		· · · · <u>- · ·</u>	
									,		*********	□ A1	l States
	[77]	[AV]	<u>िय</u> ी	[45]	[CA]	ادما	िंदरी	क्तिं	ക്രവ	[ˈteɪˈˈ]	E A	FTTT)	(TIS)
	AL IL	AK IN	AZ IA	AR KS	CA KY	CO LA	CT ME	DE MD	DC MA	FL MI	GA MN	HI MS	MO MO
	MT	NE	NV	NH)	NI	NM	NÝ	NC.	ND	OH	OK.	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Fu	il Name (	Last name	first, if ind	ividual)			· · · · ·			<u></u>		<del></del>	
<del></del>		Daridan a	4.41	·	164		7:- 0-4-1		<del></del> -	<del> </del>			
Bu	smess or	Kesidence	Address (1	Number an	a Street, C	City, State, 2	Zip Code)						•
Na	me of As	ociated Br	oker or De	aler									· · · · · · · · · · · · · · · · · · ·
Sta	ites in Wh	ich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers					<del></del>	
	(Check	"All States	or check	individual	States)		******					Al	l States
	AL	AK	ΑŽ	[AR]	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	(KS)	[KY]	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK)	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	$\overline{\mathbf{W}}\overline{\mathbf{V}}$	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount alread sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange at already exchanged.	ck		
	Type of Security	Aggregate Offering Price	e	Amount Already Sold
	Debt	<b>s</b> 0.00		s 0.00
	Equity		_	s 0.00
	☑ Common ☐ Preferred	··· •	_	
	Convertible Securities (including warrants)	00.0		0.00 \$
	Partnership Interests			s 0.00
	Other (Specify LLC interests		)	s 160,500.00
	Total			s 160,500.00
	Answer also in Appendix, Column 3, if filing under ULOE.	3	—	3_1001000:00
2.	Enter the number of accredited and non-accredited investors who have purchased securities in the offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicathe number of persons who have purchased securities and the aggregate dollar amount of the purchases on the total lines. Enter "0" if answer is "none" or "zero."	te		Aggregate Dollar Amount of Purchases
	Accredited Investors			s 160,500.00
	Non-accredited Investors			s
	Total (for filings under Rule 504 only)			s 160,500.00
	Answer also in Appendix, Column 4, if filing under ULOE.		_	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities old by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	ne		
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505	•		\$ 0.00
	Regulation A		-	\$ 0.00
	Rule 504		_	\$ 0.00
		··	_	\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insure. The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate.	r.		\$_0.00
	Transfer Agent's Fees		П	s
	Printing and Engraving Costs			\$
	Legal Fees			\$ 750.00
	Accounting Fees			\$
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)			\$
	Other Expenses (identify)			s
	Total			s 750.00

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	SE OF PROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Que and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjuste proceeds to the issuer."	ed gross	\$159,750.00
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be ueach of the purposes shown. If the amount for any purpose is not known, furnish an estim check the box to the left of the estimate. The total of the payments listed must equal the adjuste proceeds to the issuer set forth in response to Part C — Question 4.b above.	ate and	
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	s_33,000.00	<b>S</b>
	Purchase of real estate		
	Purchase, rental or leasing and installation of machinery and equipment		<b>\$</b>
	Construction or leasing of plant buildings and facilities		\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	 	□\$
	Repayment of indebtedness	<del>_</del>	
	Working capital		
	Other (specify):		
		 [] \$	s
	Column Totals	\$_33,000.00	\$_126,750.00
	Total Payments Listed (column totals added)	s_1	9,750.00
	D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If the nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange ( information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)	Commission, upon writte	
ss	uer (Print or Type) Signature	Date ,	
G	o Baby Foods, LLC	10/	3/08
	ume of Signer (Print or Type)  File of Signer (Print or Type)  Manager	J	<del></del>
	, J		

## - ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

Ĺ		E. STATE SIGNATURE
1.	,, , , , , , , , , , , , , , , , , , , ,	presently subject to any of the disqualification Yes No
	Se	e Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to D (17 CFR 239.500) at such times as requi	furnish to any state administrator of any state in which this notice is filed a notice on Form red by state law.
3.	The undersigned issuer hereby undertakes t issuer to offerees.	to furnish to the state administrators, upon written request, information furnished by the
4.	limited Offering Exemption (ULOE) of the	issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform state in which this notice is filed and understands that the issuer claiming the availability shing that these conditions have been satisfied.
	uer has read this notification and knows the con thorized person.	tents to be true and has duly caused this notice to be signed on its behalf by the undersigned
Issuer (	(Print or Type)	Signature // Date //
Go Bab	by Foods, LLC	1 max damelle 1013/08
Name (	(Print or Type)	Title (Print or Type)
Amy G	Gramling	Manager

# Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

L	APPENDIX										
1	Intend to non-a investor	2 I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 investor and rchased in State C-Item 2)	:	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
AL		×						;			
AK	<b>-</b>	×									
AZ		×									
AR		×							*		
CA		×									
co		×									
CT		×									
DE		×									
DC		, <b>x</b>									
FL	1	×					· · · · · · · · · · · · · · · · · · ·				
GA	<u> </u>	×									
НІ	·	×									
ID		×							Andrew A		
ΠL	i L	×			 				1		
IN		×		<u></u>							
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KS		×							1		
KY	1	×						[			
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MI	i	×							<u> </u>		
MN		×									
MS		×									

#### APPENDIX 1 2 3 4 Disqualification under State ULOE Type of security Intend to sell (if yes, attach and aggregate to non-accredited offering price Type of investor and explanation of amount purchased in State offered in state waiver granted) investors in State (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes Investors Yes No Amount Investors Amount No MO X MT X NE X NV × NH × ŊJ × NM X X NY NC X ND × x OH 2 \$160,500.c 0 OK × OR X PA × RI × SC X SD X TN × TX × UT I X VT X VA x WA X wv X WI ×

				APP	ENDIX					
1		2	3		4					
İ	to non-a investor	l to sell occredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				under St (if yes explan waiver	lification ate ULOE , attach ation of granted) -Item 1)	
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited				No	
WY		×							;	
PR		×								

